



OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2021-DBH-12-RESID
February 5, 2021

No.	Official Question	Official Response
1.	General Are these all the questions and answers that the Department will publish?	No. The Department has provided responses to most of the questions that have been submitted by Vendors. The Department published an Addendum #4 to allow Vendors to continue to submit questions through a 2 nd phase of Questions & Answers. The Department continues to research questions and will provide responses as soon as possible.
2.	Section 2.2.3.11 Clinical and medical standards Who will train our staff on Children and Adolescent Needs and Strength (CANS) assessment?	The Department will work with Vendors to support or facilitate/schedule CANS training. Additionally, Vendors may invest in their own staff to become a CANS trainer.
3.	Section 2.2.3.17 Start up and Implementation After the contract is awarded, how long do we have to fill all the positions that the contract is asking us to create?	The Vendor needs to provide an implementation plan with startup time. See Section 2.2.3.17.
4.	Section 2.2.3.2 Coordination with the Care Management (CME) and the Comprehensive Assessment for Treatment (CAT) Provider If a CANS or CAT determines that a child, who is already in a program, requires a different level of care than what the Vendor will actually be contracted for, what will occur?	The Vendor is required to work with the CME who provides Transitional Residential Enhanced Care Coordination (TR-ECC), the Division of Children, Youth, and Family (DCYF) and the child's family to determine an appropriate transition, including when to transition, and prepare the transition resource to accept the child.
5.	Section 2.2.3.8 Cultural and linguistic diversity When will CLAS training be available and provided?	DHHS provides this at no cost to the vendor and will be scheduled.
6.	Section 2.2.3.4 Minimum Expectations Can providers offer varying levels of care within the same residential space?	Yes.



7.	Section 2.2.3.4 Minimum Expectations Can providers co-locate NH youth in the same/similar level of service with youth from other funding sources?	Yes.
8.	Section 2.1.2 Bed needs for the target population How many beds will be available per Level of Care and Tier?	See RFP Section 2.1.2 Bed needs for the target population, Table 2, which represents the approximate number of beds per level of care. See Section 3.1 This Section includes the description of each Tier and the approximate number of beds by Tier. A Tier system is used to define the order in which to make awards for contracts by levels of care. Determining the actual number of beds needed by Levels of Care and Tier and Levels of Care cannot be done at this phase of the procurement process because it is unknown as to what the Department will receive for proposals.
9.	Section 2.1.2 Bed needs for the target population Are the beds approved by level only or is there flexibility to the bottom line number?	See answer to #8.
10.	Section 2.1.2 Bed needs for the target population How will the contract impact current placed number of individuals and the rates?	Any currently placed children who are in treatment setting at the effective date of a contract resulting from this RFP will be reimbursed at the rate in the resulting contract. Also see answer to #49.
11.	Section 2.1.2 Bed needs for the target population Once the number of beds are approved/contracted, are Vendors required to keep those beds empty until the Department's contracted CME refers a child, youth, or young adult for placement?	The programs are not required to keep the beds open for pending referrals. The referent will make a referral based on a Comprehensive Assessment for Treatment (CAT) level of care and approval for that level of care. It is expected that the Vendors first prioritize children, youth, and young adults from NH.
12.	Section 2.1.2 Bed needs for the target population Will the number of beds awarded in a resulting contract by the level of care?	Yes. See answer to #8.
13.	Section 2.1.2 Bed needs for the target population This section describes approximate beds needed through the 4 levels of care. Will this be a sole source award?	No.
14.	Section 2.1.2 Bed needs for the target population a) How many children have been identified as appropriate for levels 1-4 of care? b) Is there an approximate number of children being served out-of-state within these 4 levels of care?	a) See RFP Section 2.1.1 General target population for residential system, and Section 2.1.2 Bed needs for the target population b) See RFP Section 1.4 Program goals and strategic priorities.



15.	Section 2.1.2 Bed needs for the target population a) Will the Vendor need to prioritize children, youth, and young adults from NH? b) Will the Department keep our beds filled if we are awarded a contract resulting from this RFP? c) Will the Department pay for beds that are not utilized?	a) Yes. b) No. The Department does not guarantee that a Vendor's beds will be filled. c) The Rate Setting Form Appendix F requires Vendors to provide your anticipated occupancy rates, which will be considered when calculating the rate for a contract resulting from this RFP.
16.	Section 2.1.2 Bed needs for the target population Do Vendors propose the number of beds to have funded by a contract resulting from this RFP and not the Vendor's total bed capacity for each program/program/level of care?	Yes. Vendors must propose their anticipated number of beds that they would like to be included in a contract resulting from this RFP.
17.	Section 2.2.1 Five Key components of residential services in NH, 4th bullet For children in DCYF, how will the Vendor support a successful transition when the children's permanency plans are tentative?	See RFP Section 2.2.1, 4 th bullet "Focus on successful transitions" and RFP Section 2.2.3.2 Coordination with the Care Management Entity (CME) and the Comprehensive Assessment for Treatment (CAT) Provider.
18.	Section 2.2.1 Five Key components of residential services in NH, 2nd bullet Will providers be required to be utilizing Evidenced-based practices (EBP) to its fidelity (i.e. full training, etc.) or utilizing EBP theories in clinical work?	Yes. If providers are providing individual therapy and using an EBP, then the EBP shall be used to fidelity. Other clinical training or skills may be used in treatment in addition to the EBP.
19.	Section 2.2.1 Five Key components of residential services in NH, 2nd bullet Can the Department assist vendors with accessing EBPs?	Yes. Vendors may reach out to the Department for assistance.



20.	<p>Section 2.2.1 Five Key components of residential services in NH, 2nd bullet</p> <p>a) If providers need to use EBPs to its fidelity, what kind of certification do our staff need to have to use these EBP models? b) For example if TF-CBT is chosen, what level of training do we need to have received in order to use this modality?</p>	<p>a) Vendors must comply with the specific requirements of the EBP model in order to provide the EBP to fidelity. The Department will not be adding additional requirements. b) See answer above in a).</p>
21.	<p>Section 2.2.3.1 Staffing Ratios Once the contract is awarded, how long does a Vendor have to hire all the necessary staff to start providing residential treatment services?</p>	<p>The Vendor needs to provide an implementation plan with startup time. See Section 2.2.3.17</p>
22.	<p>Section 2.2.3.12 Education a) How will Level 3, which have school, programs impact admission availability into treatment? b) Will this have an impact on awarding the contract?</p>	<p>a) See RFP Section 2.2.3.3 Admissions and Discharges. The Department understands that Vendors must consider admission based on availability of treatment and education. b) No.</p>
23.	<p>Section 2.2.3.12 Education Has DHHS had any conversations with Department of Education (DOE) regarding intensive treatments in school-based placements?</p>	<p>Yes. The Department continues to have conversations with DOE.</p>
24.	<p>Section 2.2.3.13 Training Can you define "all staff who interact with children"?</p>	<p>See RFP Section 2.2.3.13.</p>
25.	<p>Section 2.2.3.13 Training a) If I am a small program and staff leave the program, how can I can keep the ratio if the new people that I hire can just shadow and they do not count in the ratio? b) How long will this shadowing period last?</p>	<p>a) Vendors should account for and plan for any potential delay or overlap in hiring. b) See Section 2.2.1.13. Vendors may have different shadowing programs. Shadowing can be individually defined by the programs, such as timelines and responsibilities, and based on positions.</p>



26.	Section 2.2.3.13 Training a) How can we train people in trauma and evidenced based practices? b) Will the Department advocate on behalf of the residential treatment providers for access to EBP training?	a) The residential treatment providers are encouraged to use the Departments training contractor, Granite State College (GSC), as well as the Department's other training partners. b) Yes. If there are particular concerns about implementation, those can be individually addressed with the support of the Department.
27.	Section 2.2.3.16 Location of programming a) Is it mandatory to create a program with less than 16 beds? b) If a program is already operating with 20 beds but the children are divided in groups of 10, can it continue to exist in this way or does it have to downsize?	a) No. b) Residential Treatment programs are allowed to have more than 16 beds. Vendors who would like to propose new programs that are not currently certified are encouraged to propose programs with less than 16 beds.
28.	Section 2.2.3.2 Coordination with the Care Management (CME) and the Comprehensive Assessment for Treatment (CAT) Provider Will current placed youth be assigned a CME and go through the CAT process?	The CAT will not be conducted for children currently placed. Once the Department has a contract with a Vendor to provide CAT, then the Department expects new placements will to have a CAT. TR-ECC, which is operated by the CME, is already in place and has already begun taking referrals. A roll out for this process will take place over the next year.
29.	Section 2.2.3.2 Coordination with the Care Management (CME) and the Comprehensive Assessment for Treatment (CAT) Provider Will CANS follow the child?	Yes. There will be a web-based system available to providers who will be able to upload and review CANS.
30.	Section 2.2.3.2 Coordination with the Care Management Entity (CME) and the Comprehensive Assessment for Treatment (CAT) Provider a) Who will approve the level of care for current students? b) Will this be assigned by the Vendor? c) Will the current students fall under the new approved per diem rate? d) Should the Vendor identify the current occupied beds when submitting a proposal to this RFP?	a) Current students will not have a CAT conducted. However, students will have CANS, which can be used to determine the Level of Care (LOC). b) In new student cases, a LOC will be determined by the CAT. c) See Answer to #9. d) Vendor should propose the number of beds for the number of children, youth, and adult adults they anticipate on providing residential services under a contract resulting from this RFP.



31.	Section 2.2.3.3 Admissions and Discharges Please explain the Vendor's role in the decision making for admission and discharge process.	See RFP Section 2.2.3.3 Admissions and Discharges that explains the Vendors role and discretion. Additionally, the CAT and the Level of Care determination will assist with appropriate referrals and needed services.
32.	Section 2.2.3.3 Admissions and Discharges What is the process for discharge from residential treatment when a Vendor can no longer serve/meet the child's individual education plan within the Vendor's own educational programming?	If the child's educational needs cannot be met by the Vendor's residential treatment program, then, the Vendor can work with the treatment team to either, find an alternative school program and remain in residential treatment, or to transition to a more appropriate residential treatment program.
33.	Section 2.2.3.4 Minimum Expectations a) Once a vendor is accredited, will the Vendor need to be licensed? b) Has the Department's Child Care Licensing Unit (CCLU) been consulted about the continued efforts for "normalcy"	a) Yes. See Section 2.2.3.4 Minimum Expectations b) Yes.
34.	Section 2.2.3.4 Minimum Expectations a) Under which licensure type can we anticipate operating each level of care 1-4? b) Any changes with current licensure types here based on these level of care 1-4?	a) Licenses for Levels of Care 1-4 are under NH Administrative Rule He-C 4001. b) There are not currently any licensure changes based on this RFP
35.	Section 2.2.3.5 Restraint and seclusion practices When will training on the Six Core Strategies be available and provided?	The Six Core Strategies training is anticipated to occur during the Spring of 2021.
36.	Section 2.4.1 Performance improvement How will programs be able to determine if and what performance improvement expectations we are able to meet if the expectations change after an agreement (contract) is signed?	See Section 2.4.1. Performance improvement. The Department will work collaboratively with Vendors on performance improvement and in making modifications to performance measures.
37.	Section 2.4.1 Performance improvement a) How can an agency reduce staff turnover?	Vendors are encouraged to identify and implement best practices to support lower staff turnover.
38.	Section 4.2 Description of payment structure, Per Diem Rate What is the rationale for determining \$1.00 per day per child for clothes?	-The predetermined clothing rate is \$1.00 per day. This rate is intended to be proportional distribution as some children will not need the clothing allocation and parents will provide their clothing. Programs which need additional dedicated funding (due to the program model/supplies) they should include this in their budget or in the Section 4.2 for Flex Funding.



39.	Section 4.2 Description of payment structure a) Why were the Joint Rate Setting forms Selected? b) Will the vendors be able to appeal the rates?	a) Rates are being calculated using the existing process and forms. b) No. Vendors will be able to negotiate the rate. See RFP Section 6.18 Successful Proposer Notice and Contract Negotiations
40.	Section 4.2 Description of payment structure How will the budget for residential services be related to the budget we submit to DOE?	The Department cannot speak on behalf of DOE's process.
41.	Section 6.4 Questions and Answers Will the Department put the questions asked at the Vendors Conference in writing?	Yes. The Department posts Questions and Answers in accordance with RFP Section 6.4 Questions and Answers. See this RFP's web page for posted Questions and Answers at: https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm
42.	Section 6.4.2.4 Can we obtain a copy of the slides used at the Vendors Conference?	Yes. The slides are posted on this RFP's web page: at: https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm
43.	General a) Will the RFP continue to be open beyond the deadline line for submitting proposals? b) Will the bed numbers be capped through this RFP or will the Department keep increasing the number of beds?	a) Not at this time. See RFP Section 6.2 Procurement Timeline as amended for proposal submission dates. Amendments to the RFP may be found in the Addendums posted on this RFP's web page at: https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm b) Beds are approximate. See RFP Section 1.2.2.
44.	Section 7.1 Presentation and Identification and Appendix J Would we need to submit separate technical and cost proposals for Home Based Treatment (HBT)?	No. This RFP is only for Residential Treatment Levels of Care 1 through 4, and not for Home Based Treatment.
45.	Section 7.2.3 Can state employees provide references for a Proposer under this RFP?	No. See RFP Section 7.2.3 Proposer's References
46.	Appendix D, Staff Ratio Proposed Does the Staff Ratio Proposed Table need to reflect the new ratios or our current ratios?	See Appendix H. The technical proposal should reflect your proposed Level of Care and proposed staffing ratios for that Level of Care.
47.	General Will a list of attendees at the Vendor's Conference be provided?	No.



48.	General Do we need to submit a proposal under RFP-2021-DBH-12-RESID to continue serving children that are already placed and receiving residential treatment from us?	Yes. Also see Official Responses to Vendor Questions posted January 13, 2021 on this RFP's Web page: https://www.dhhs.nh.gov/business/rfp/rfp-2021-dbh-12-resid.htm
49.	General If a Vendor who currently provides residential treatment to children, and who does not have a resulting contract from this RFP, what will happen to the children that are currently placed in a residential treatment program?	See answer to #10. The Department would like to continue to work with current residential treatment providers. The Department does not intend to disrupt services to individuals. Vendors are required to submit a proposal that meets the requirements in this RFP.